



State of New Hampshire 2008 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2008

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 04/03/2008

Business ID: 418766

William M. Gardner

Secretary of State

DUFOE PROPERTIES, LLC

5 MARGARET CIR,
MONT VERNON, NH 03057

ADDRESS OF PRINCIPAL OFFICE:

5 MARGARET CIR,
MONT VERNON, NH 03057

REGISTERED AGENT AND OFFICE:

SHEPARD, ROBERT M, ESQ
47 FACTORY ST, PO BOX 388
NASHUA, NH 03061

ENTITY TYPE: LLC

BUSINESS ID: 418766

STATE OF DOMICILE: NEW HAMPSHIRE

REAL ESTATE, PURCHASE, OWNERSHIP AND MANAGEMENT OF
REAL PROPERTY

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

- ☐ The new mailing address _____
☐ The new principal office address _____

PO Box is acceptable.

MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

A

NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

B

MEMB. **Justin Dufoe**
STREET **5 Margaret Circle**
CITY/STATE/ZIP **Mont Vernon Nh 03057**
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

To be signed by the manager, if no manager, must be signed by a member.

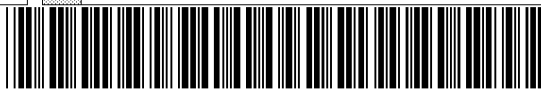
I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: **Justin Dufoe**

Please print name and title of signer: **Justin Dufoe** / **MEMBER**
NAME TITLE

FEE DUE: **\$150.00**

E-MAIL ADDRESS (OPTIONAL): _____



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WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529